



**STATE OF WASHINGTON
SECRETARY OF STATE**

**CERTIFICATE OF AUTHORITY
FOREIGN NONPROFIT CORPORATION**

(Per Chapter 24.03 RCW)

FEE: \$30

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

**EXPEDITED (24-HOUR) SERVICE AVAILABLE – \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED: / /	UBI:
CORPORATION NUMBER:	

IMPORTANT! Person to contact about this filing

Daytime Phone Number (with area code)

NAME OF CORPORATION (As Recorded in the State/Country of Incorporation)

ORIGINALLY INCORPORATED

IN: State/Country _____ ON: Date _____

NOTE: If the name listed above is unavailable in Washington state or does not meet the requirements of 24.03 RCW, please provide the name the corporation adopts for use in Washington State. The name must NOT contain a corporate designation such as "Corporation" "Incorporated" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd." You must also attach a Board of Directors Resolution approving the use of an alternate name.

NAME THE CORPORATION ADOPTS FOR USE IN WASHINGTON STATE

APPROVED BY DIRECTORS

☐ Resolution Attached

PRINCIPAL OFFICE ADDRESS OF CORPORATION (Street Address Required - Please Do Not Use PO Box)

Address _____

City _____ State or Country _____ ZIP or Postal Code _____

EFFECTIVE DATE OF CERTIFICATE OF AUTHORITY (Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)

☐ Specific Date: _____ ☐ Upon filing by the Secretary of State

PERIOD OF DURATION ☐ Perpetual

(Check one only) ☐ _____ Years (indicate number of years)

DATE CORPORATION BEGAN DOING BUSINESS IN WASHINGTON STATE

Date _____

CERTIFICATE OF EXISTENCE

☐ Attached is an original Certificate of Existence, issued no more than 60 days prior to this application, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of incorporation.

PURPOSE(S) OF THIS CORPORATION'S BUSINESS IN WASHINGTON STATE (Attach additional information if necessary)

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name _____

Street Address (Required) _____ City _____ State _____ ZIP _____

PO Box (Optional – Must be in same city as street address) _____ ZIP (If different than street ZIP) _____

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Agent

Printed Name

Date

CURRENT OFFICERS AND DIRECTORS

☐ Attached is a list of **all** current officers and directors of the corporation, including the address, city, state or country, and ZIP/Postal Code for each person.

SIGNATURE OF OFFICER OR CHAIRPERSON

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Signature of Officer/Chairperson

Printed Name

Title

Date

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